Alaska New Hire Reporting Form

Send completed form to: Or fax to: (907) 787-3197 MS 14 New Hire Reporting Section (907) 787-3181 CHILD SUPPORT SERVICES DIVISION Message Line: (907) 269-6685 550 W 7th AVE STE 310 Toll free in Alaska: 1 (877) 269-6685 ANCHORAGE AK 99501-6699 For information call: (907) 269-6089 **Employer Information** Submission Date (Year / Month / Date) Contact Title * Contact Phone Number * Contact Name * Employer Federal Identification Number (FEIN) Employer AK Department of Labor Number * 000 Employer Name Employer - Doing Business As / Also Known As * Employer Payroll Mailing Address City State Zip Code Employer Physical Address "Same" if same as mailing address City State Zip Code **Employee Information** Employee Social Security Number Employee First Name Employee Last Name Employee Street Address City State Zip Code Day Year Month Day Year Month Employee Employee Date of Hire * Date of Birth * Employee Social Security Number Employee First Name M.I. Employee Last Name Employee Street Address City Zip Code State Year Month Day Year Month Day Employee Employee Date of Hire * Date of Birth * Employee Social Security Number Employee First Name Employee Last Name M.I. City Employee Street Address State Zip Code Year Month Day Year Month Day

Employee
Date of Birth *

New Hire Reporting – continued

CSSD 04-1050 (Rev 06/30/04)

Employee

Date of Hire *

^{*} Providing this optional data enhances our ability to perform services more efficiently.

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